

Description

This program will focus on practical methods which clinical laboratories can use to remain alert for the agents of bioterrorism. Participants will learn about surveillance, evaluation and confirmatory procedures which can be integrated into the routine work of the microbiology laboratory. Procedures for referring suspected cases will also be discussed.

Who Should Attend?

This intermediate level workshop is designed for supervisors or laboratorians working in hospitals and other laboratories who may handle clinical microbiology specimens.

Due to limited space and nature of the workshop, the number of participants from each facility may be limited.

The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

NLTN Nashville Office
P. O. Box 160385
Nashville, TN 37216-0385



A Plan of Action: Bioterrorism Preparedness for Clinical Labs

Cosponsored by:
National Laboratory Training Network
and
Arkansas Public Health Laboratory

October 22, 2004
Little Rock, AR



*Quality Laboratory Practice
Through Continuing Education*
www.nltn.org

**A Plan of Action:
Bioterrorism Preparedness
for Clinical Labs**

For additional information please call 615-262-6315
or 800-536-6586 (Southeast only) or e-mail us at: seoffice@nltn.org.

Objectives

Upon completion of the program, participants will be able to:

- Discuss the role of the clinical laboratory in discovering organisms targeted for use in acts of bioterrorism.
- Explain the safety implications of handling suspected organisms in clinical specimens and isolates.
- Describe the clinical and laboratory features of the primary agents likely to be involved in a bioterrorist event including anthrax, plague, botulism, tularemia, brucellosis, glanders, and melioidosis.
- Recognize culture, staining and biochemical characteristics of bioterrorist organisms.
- Apply information presented to clinical scenarios in order to avoid identification pitfalls.
- Outline the process for transporting suspected organisms to and contacting the Arkansas Department of Health Laboratories.

Schedule

8:30 Registration
9:00 Overview of Bioterrorism
9:15 Bioterrorism: Are We Ready?
9:45 The Laboratory Response Network
10:00 Safety in a Clinical Laboratory
10:30 Break
10:45 Identification of Organisms Targeted for Use in Acts of Bioterrorism
12:15 Lunch (provided)
1:00 Laboratory Exercises
2:15 ADH Laboratory's Role in Bioterrorism Preparedness
2:45 Break
3:00 Applying What You Have Learned: Case Studies
4:30 Questions and Answers, Evaluations
4:45 Adjourn

Faculty

Karen Barnwell, BS, MT(ASCP)
Microbiologist, Arkansas Department of Health

Sherry Langley, BS, MT(ASCP)
Microbiology Supervisor, Arkansas Department of Health

Jason Lee, PhD
Director of Microbiology, Arkansas Department of Health

Michael Loeffelholz, PhD
Public Health Laboratory Director, Arkansas Department of Health

Janis Thompson, MPH, MT, SM(ASCP), CIC
State and Bioterrorism Training Coordinator, Arkansas Department of Health

Registration Fee: \$20.00

Location

Arkansas Public Health Laboratory
4815 West Markham Street
Little Rock, AR 72205

Registrants will receive a confirmation letter with specific facility information and directions.

Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN office at least two weeks prior to the workshop by calling: 615-262-6315.

Continuing Education

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 6.5 contact hours.

National Laboratory Training Network Registration Form

(Please type or print.)

Training Event Title: A Plan of Action: Bioterrorism Preparedness for Clinical Labs **Event Code:** SE4305

Event Type: Workshop **Date:** October 22, 2004 **Location:** Little Rock, AR

Applicant Information:

(Dr./Mr./Miss./Ms./Mrs.)

Title: _____ First Name: _____ M.I. _____ Last Name: _____

Position Title: _____ State Licensure Number: (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ **Date:** _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation

Physician 01
Veterinarian 02
Laboratorian 04
Nursing Professional 05
Sanitarian 06
Administrator 08
Safety Professional 11
Educator 13
Epidemiologist 14
Environmental Scientist 15
Other _____ 12

Type of Employer

Health Department (State or Territorial) 01
Health Department (Local, City or County) 03
Government (Other Local, not City or County) 04
Centers for Disease Control and Prevention 05
U.S. Food and Drug Administration 09
U.S. Department of Defense 11
Veterans Administration Medical Center/Hospital 12
Other (Federal Employer) _____ 15
Foreign 16
College or University 19
Private Industry 21
Private Clinical Laboratory 23
Physician's Office Laboratory/Group Practice 24
Hospital (Private Community) 17
Hospital (Other) 33
State Funded Hospital 25
City or County Funded Hospital 26
Health Maintenance Organization 28
Non-profit 31
Unemployed or Retired 32
Other _____ 30

Education Level (Highest Completed)

Degree
Associate 04
Bachelor 05
Masters 06
Doctoral (M.D.) 07
Doctoral (Other than M.D.) 08
Technical/Hospital School 09
Some College 03
High School Graduate 02
Some High School 01
Other _____ 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003).

Registration Fee: \$20.00

Registration Deadline:
October 8, 2004

- ☐ Enclosed is my check or money order payable to APHL.
- ☐ Enclosed is a Purchase Order, please bill me.
- ☐ Bill my credit card. (Circle one.)
VISA Master Card
American Express

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Card Holder's Signature: _____

Date: _____

Amount of Payment: _____

Submit your completed registration form to:

NLTN Nashville Office
P.O. Box 160385
Nashville, TN 37216

Or by Fax to: 615-262-6441

Refund Policy: Cancellations prior to deadline will be refunded minus a \$5.00 processing fee. Cancellations after the deadline date will not be refunded. Registrations which cannot be accepted due to over enrollment will be refunded in full.

YES! I would like to receive your electronic NLTN Newsletter!

Name: _____

E-mail: _____

Please print clearly – we frequently have e-mails returned because we cannot read the writing and enter it incorrectly!